

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023765

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 59

1963 JUN 11 AM 10:10

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin	Length of stay in 1b 27 Days	c. CITY OR TOWN Altamont	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rosseau Rest Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ---	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ora Middle Dell Last Stephens			4. DATE OF DEATH Month June Day 8 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Caldwell Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William W. Clevenger		13b. MOTHER'S MAIDEN NAME Permelia Sackman		14. NAME OF HUSBAND OR WIFE (Dec'd) Bert H. Stephens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of No ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT Mrs. Grace Bristow, Jameson, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary failure (cardiac)</i> DUE TO (b) <i>uremia</i> DUE TO (c) <i>nephrosclerosis -</i>		INTERVAL BETWEEN ONSET AND DEATH 4 days 2 days ?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pathological fract humerus (it)</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2/26/1963 to 6/8/63	20f. CITY, TOWN, OR LOCATION Gallatin Mo	20g. COUNTY Daviess	20h. STATE Missouri
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21. I attended the deceased from Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <i>Edw. W. Clevenger M.D.</i>	
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22a. SIGNATURE (Degree or title) <i>Edw. W. Clevenger M.D.</i>	22b. ADDRESS Gallatin Mo	22c. DATE SIGNED 6/11/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-11-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Ayr Cemetery	23d. LOCATION (City, town, or county) Altamont Missouri
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24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. 15th June 1963	26. REGISTRAR'S SIGNATURE <i>Dr. Wm. Engelhart</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
10310  
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12 86-0  
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Permit Renewed 15 June 1968 (25)  
Permit # 402

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_

Signature of Student Embalmer

Signed

*L. O. Lichesson*

Licensed Embalmer No. 3302

P. O. Address

*Ballantine, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.